

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35611

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 5688		Registrar's No. 225		
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin Twp. Rt. #1				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin Twp. 0589				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Rt. #1,				
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) S.		c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1952	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Mar. 24, 1877		9. AGE (In years, last birthday) 75	10. UNDER 1 YEAR Months 6 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		10b. KIND OF BUSINESS OR INDUSTRY Lumber		11. BIRTHPLACE (City and State or Foreign Country) Springport, Mich.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Hall			13b. MOTHER'S MAIDEN NAME Frances Porter			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 540-10-2288 A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.L. Horton, Rt. #1, Bucklin, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage massive ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 10-7, 1952, to 10-8, 1952, that I last saw the deceased alive on 10-7, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John W. Smith MD				23b. ADDRESS Maconline, Mo 6409-52		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Bucklin, Mo.		
DATE REC'D BY LOCAL REG Oct. 9, 1952		REGISTRAR'S SIGNATURE Walter S. Erwin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larsen Funeral Service, Bucklin, Mo. By E.A. Larson				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.